

**CALIFORNIA DEPARTMENT  
OF  
VETERANS AFFAIRS**

**VETERANS SERVICES DIVISION**

PROCEDURE MANUAL  
FOR  
SUBVENTION  
AND  
MEDI-CAL COST AVOIDANCE  
DOCUMENTATION

*THE INFORMATION CONTAINED IN THIS DOCUMENT SUPERSEDES ALL  
PREVIOUS VERSIONS AND BECOMES EFFECTIVE*

**July 1, 2011**

**HONORING CALIFORNIA'S VETERANS**

# **INTRODUCTION**

*This manual is divided into three parts:*

**PART I:**      The Program Overview

**PART II:**     Workload Units/Auditable Forms

**PART III:**    Workload Verification and Audit Protocol

## **PART I**

### **PROGRAM OVERVIEW**

#### **THE CVSO**

A California Veteran Service Officer (CVSO) is a veteran, and a county employee, whose duty is to assist the veteran community in applying for, obtaining, and maintaining all available benefits and entitlements to which they may be eligible. Veterans' benefits come in many forms and are administered by federal, state and local governments.

In addition to their own veteran community, the CVSO must answer to their Board of Supervisors and must be aware of, and abide by, the vast network of requirements and regulations as prescribed by various agencies and levels of government.

The State of California requirements of and for a CVSO are contained in the Military and Veterans Code (M&V Code), Article 4, Sections 970 through 973, and the California Code of Regulations, Title 12, Sections 450 through 455.

The United States Department of Veterans Affairs requirements of and for a CVSO are contained in Title 38, U.S. Code, Sections 1.503, 1.524, 1.525, and 14.626 through 14.633. It is imperative that CVSO's read, understand and abide by these requirements.

All counties that appoint a CVSO, according to the provisions of the Military and Veterans Codes, are eligible to apply for and/or maintain state funding administered by the California Department of Veterans Affairs (CDVA or the Department).

#### **CDVA administers three revenue programs:**

- (1) The County Subvention Program reimburses counties for a portion of their administrative costs and for "Workload Units" performed.
- (2) The Medi-Cal Cost-Avoidance Program reimburses counties for "activities" CVSO staff perform that result in savings to the Medi-Cal program.
- (3) The Veterans Service Office Fund is created through the sale of the Veterans License Plate Program. These funds are shared by counties based upon a percentage of net expenditures.

The following instructions must be adhered to in order for your county to apply for, receive and maintain state funding via CDVA. Although requirements for participation in these funding programs have many similarities, there are distinct differences. Each program will be addressed separately.

Remember that these guidelines are compiled to assist you, and do NOT supersede or have the force of applicable laws and regulations. It is your responsibility to understand and comply with these guidelines, adopted regulations and applicable statutes. Please feel free to call the Veterans Services Division at (916) 653-2573, if you have any questions.

## THE SUBVENTION PROGRAM

The County Subvention Program is administered under the provisions of M&V Code, Chapter 5, Sections 972 and 972.1, California Code of Regulations, Title 12, Sections 450 through 455.

Funds may be available if all of the following requirements are met:

- (1) A "Certificate of Compliance", signed by the Board of Supervisors (or appropriately delegated person) must be submitted to the, Department, not later than December 31, of the current calendar year (sample follows).
- (2) The adopted/final current fiscal year budget for the CVSO must be submitted to the California Department of Veterans Affairs (CDVA), within 30 days of final adoption by the Board of Supervisors.
- (3) Semi-annual Workload reports (form DVS 16), must be filed with the Department, by January 31, the first 6 months; and by July 31, the second six months of the current calendar year.
- (4) The County Claim for Subvention Funds must be submitted twice yearly for allocated funds to be disbursed (sample follows).
- (5) A College Fee Waiver Activity Report shall be completed and submitted along with the semi-annual reports. **The report shall be in the following format and must be tallied.**
  - a. Action taken: Grant/Denial (G or D);
  - b. Fee Waiver Plan: Plan A / Plan B /Plan C (A, B or C);
  - c. Student's Name, last name first;
  - d. Academic Year for which benefits granted or denied;
  - e. School name, abbreviated;
  - f. School Code (C = Community College, S = Cal-State, U = UC Campus).

### Examples:

<u>Action</u>	<u>Plan</u>	<u>Name: Last, First</u>	<u>Year</u>	<u>School</u>	<u>Code</u>
G	A	Goodgrade, Jerry	11/22	UCSB	U
D	B	Lowmarks, Mike	11/12	CSU (Chico)	S
G	B	Deans-List, Duane	11/12	Mira Costa	C
<b>TOTALS</b>	<b>2=Granted</b>	<b>1=Denial</b>			

**NOTE: FAILURE TO PROVIDE THE ABOVE ITEMS AS PRESCRIBED CAN  
RESULT IN NON-PAYMENT OF FUNDS FOR THE ENTIRE YEAR.**

## **SUBVENTION CALENDAR**

**January** - Semi-annual report (DVS-16) of subvention workload activities, Daily Activity Report (DVS-19) Subvention Awards Register (DVS-20), Net County Cost Report and Fee Waiver Report for the period July 1st through December 31st of the same fiscal year, must be received by CDVA by January 31. Subvention Certificate of Compliance should be forwarded to CDVA as soon as adopted by the County Board of Supervisors.

**February/March** - CDVA will disburse funds upon receipt of each County's Claim for Subvention Funds for the July 1 - Dec. 31 period.

**July/August** - CDVA will disburse funds upon receipt of each County's Claim for Subvention Funds for the Jan. 1 - June 30 period. Semi-annual report (DVS-16) of subvention workload activities, Daily Activity Report (DVS-19) Subvention Awards Register (DVS-20), Net County Cost Report and Fee Waiver Report for the period January 1st through June 30th of the same fiscal year, must be received by CDVA by July 31.

**November** – Net County Cost Report – Adopted Budget. This document should be forwarded to CDVA as soon as adopted by the County Board of Supervisors, but no later than November 1<sup>st</sup>.

**November 15<sup>th</sup>** – CDVA calculates and publishes current fiscal year statewide annual county subvention funds using audit finding from previous fiscal year.

## **RECORDS RETENTION**

**All auditable workload unit records must be retained by the CVSO for a minimum of two years from the current audit year.**

## SUBVENTION PAYMENTS

The CDVA (FY 2010-2011) distributed a total of \$2,600,000 in subvention funds to counties. This amount was distributed as follows:

### **Military & Veterans Code §972**

- (1) Up to \$9,500 (\$522,500 total) in administrative funds for each participating county;
- (2) \$2,500 (\$137,500 total) to each CVSO that attended (or was represented at) all CDVA sanctioned administrative training with a proportionate reduction taken for missed training;
- (3) \$1,940,000 in "workload unit" funds is distributed on pro-rata share of auditable workload units;
- (4) No county will receive greater than 50% of their budget under this allocation. **IAW Section 453 of Title 12, California Code of Regulations**, funds for 1, 2 and 3 above may be reduced to stay within the 50% cap.

The actual value of a workload unit will be the amount of funding available for workload units, divided by the total number of workload units allowed statewide for all eligible CVSO'S.

**SAMPLE**

**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

**SUBVENTION CERTIFICATE OF COMPLIANCE**

**FISCAL YEAR XXXX**

**COUNTY SUBVENTION PROGRAM**

**Charge:**

Contribution to counties toward compensation and expenses of their County Veterans Service Office according to Military and Veterans Code Sections 972, and 972.1, a State General Funds Expenditure, and 972.2, a Special Fund Expenditure.

**County Certification:**

I certify that \_\_\_\_\_ County has appointed a veteran to serve as the County Veterans Service Officer according to California Code of Regulations Title 12, Subchapter 4. This County Veterans Service Officer will administer the aid provided for in Military and Veterans Code Division 4, Chapter 5.

I further certify that the County Veteran Service Officer will assist every veteran of the United States, as well as their dependents and survivors, in presenting and pursuing such claim as they may have against the United States. The County Veterans Service Officer and all accredited staff will also assist in establishing veterans, dependents and survivors' rights to any privilege, preference, care or compensation provided for by the laws and regulations of the United States, the State of California, or any local jurisdiction.

I also agree that this county, through the County Veterans Service Office, will maintain annual records for audit. These records will be maintained for a minimum of two years. We will also submit reports in accordance with the procedures and timelines established by CDVA. The County Veterans Service Officer will permit CDVA representatives to inspect all facilities and records.

I further authorize the County Veterans Service Officer to actively participate in the promotion of the California Veterans License Plate program.

\_\_\_\_\_  
Chair, County Board of Supervisors  
(Or other County Official authorized  
by the Board to act on their behalf)

\_\_\_\_\_  
Date

**SAMPLE**

**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

FISCAL YEAR XXXX

**CLAIM FOR SUBVENTION FUNDS**

JULY 1, XXXX – DECEMBER 31, XXXX

The County of \_\_\_\_\_ hereby certifies that county funds in the amount of \$ \_\_\_\_\_ have been exclusively expended for the operation of the County Veterans Service Office (CVSO) for the above period. Based upon these expenditures, and the workload reported by the CVSO for this same period, I apply for the XX installment of this county's subvention allocation.

**NOTE: PLEASE ATTACH A COPY OF YOUR COUNTY EXPENDITURE PRINTOUT**

\_\_\_\_\_  
County Auditor/Controller

\_\_\_\_\_  
Date

MAIL CLAIM TO: CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS  
VETERANS SERVICES DIVISION  
POST OFFICE BOX 942895  
SACRAMENTO, CA 94295-0001

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**THIS PORTION TO BE COMPLETED BY THE CALIFORNIA DEPARTMENT OF  
VETERANS AFFAIRS**

Authorization for disbursement of subvention funds:

The above county is approved for payment in the amount of \$ \_\_\_\_\_

according to Military and Veterans Code Sections 972 and 972.1

Charge: Chapter \_\_\_\_/\_\_\_\_, Item 8955-101-0001

\_\_\_\_\_  
CHIEF, VETERANS SERVICES DIVISION

\_\_\_\_\_  
DATE

## **THE MEDI-CAL COST AVOIDANCE PROGRAM**

The Medi-Cal Cost Avoidance Program is administered under the provisions of M&V Code, Chapter 5, Section 972.5, and California Code of Regulations, Title 12, Section 454.

Federal Medi-Cal funds may be available if all of the following requirements are met:

(1) An "Annual Agreement" signed by the Board of Supervisors must be filed with the Department, not later than January 31 (sample attached).

(2) Workload activity reports (DVS 19 and DVS 20MC) must be fully and accurately completed. The DVS 20MC must be submitted to the Veterans Service Division with the DVS 16 (Semi-Annual Report).

**NOTE: FAILURE TO PROVIDE THE ABOVE ITEMS AS PRESCRIBED CAN RESULT IN NON-PAYMENT OF FUNDS FOR THE ENTIRE YEAR.**

## **MEDI-CAL CALENDAR**

**January 31<sup>st</sup>** - Semi-annual report (DVS-16), (DVS 20MC) and (DVS-19) for the period July 1st through December 31st must be received by CDVA, must be received by CDVA by January 31st.

**February** - CDVA initiates mid-year advance of allocated funds, this may take longer because ALL participating counties must file their DVS-16's before CDVA initiates payment of advanced funds to CVSO'S.

**January 31<sup>st</sup>** – Medi-Cal certificate of Compliance. This document should be forwarded to CDVA as soon as adopted by the County Board of Supervisors but not later than January 31<sup>st</sup>.

**July 31<sup>st</sup>** - Semi annual report (DVS-16) and DVS 20MC for the period January 1st through June 30th must be received by CDVA.

## MEDI-CAL PAYMENTS

The current contract with the State Department of Health Services has been approved. It provides a total payment of \$838,000. Your county share will be based upon your pro-rata share of "workload units" reported/audited for the current fiscal year.

The actual value of a workload unit will be the amount of funding available for workload units, divided by the total number of workload units allowed statewide for all participating CVSO'S.

## WELFARE AID CODES

The following is a list of approved Welfare Aid Codes for the Medi-Cal Cost Avoidance Program. In order for you to claim any workload units on either the DVS 19 or DVS 20MC, you **must** indicate the appropriate code in the space provided on the form. You **must** have the referring Eligibility Worker indicate the applicant's Aid Code on the CW-5 that you receive. Often the aid code is the first two digits of the case number, if in doubt, check your county welfare policy.

### ELIGIBLE WELFARE AID CODES:

0A	0M	0N	0P	0R	0T	0U	OV	01	02	03
04	07	08	1E	1H	1U	1X	1Y	10	13	14
16	17	18	2A	2E	20	23	24	26	27	28
3A	3C	3D	3G	3H	3L	3M	3N	3P	3R	3T
3U	3V	3W	30	32	33	34	35	36	37	38
39	4A	4C	4F	4G	4K	4M	40	42	44	45
47	48	5F	5J	5K	5R	5T	5W	5X	5Y	54
55	58	59	6A	6C	6E	6G	6H	6J	6N	6P
6R	6U	6V	6W	6X	6Y	60	63	64	65	66
67	68	69	7A	7C	7F	7G	7H	7J	7K	7M
7N	7P	7R	7T	7X	70	71	72	73	74	75
76	79	8E	8G	8N	8P	8P	8R	8T	8U	8V
8W	8X	8Y	80	81	82	83	86	87	9A	9H

## PROGRAM DOCUMENTATION

You must retain a copy of the form CW-5 that *you received* from the referring Eligibility Worker. ***Under no circumstances can your office generate the CW-5.*** You must identify the Medi-Cal applicant with their social security number on the DVS 20MC. In the instance where the applicant is not the veteran, you must indicate whether the applicant is the spouse or child in addition to providing their social security number.

**SAMPLE**

**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

**MEDI-CAL CERTIFICATE OF COMPLIANCE**

**FISCAL YEAR XXXX/XXXX**

\_\_\_\_\_ COUNTY

**MEDI-CAL COST AVOIDANCE PROGRAM**

I certify that \_\_\_\_\_ County has appointed a County Veterans Service Officer (CVSO) in compliance with California Code of Regulations, Title 12, Subchapter 4. Please consider this as our application to participate in the Medi-Cal Cost Avoidance Program authorized by Military and Veterans Code Section 972.5.

I understand and will comply with the following:

1. All activities of the CVSO for which payment is made by the CDVA under this agreement will reasonably benefit the Department of Health Services (DHS) or realize cost avoidance to the Medi-Cal program. All County Eligibility Workers who generate a Form CW-5 (Veterans Benefits Referral) will be instructed to indicate the applicant's Welfare Aid Code on the face of the form.
2. All monies received under this agreement will be allocated to and spent on the salaries and expenses of the CVSO.
3. This agreement is binding only if federal funds are available to the CDVA from the DHS.
4. The CVSO is responsible for administering this program according to the California Code of Regulations, Title 12, Subchapter 4.

\_\_\_\_\_  
Chair, County Board of Supervisors  
(or other County Official authorized  
by the Board to act on their behalf)

\_\_\_\_\_  
Date

**PART II**  
**WORKLOAD UNITS/AUDITABLE FORMS**

**DVS 19**

**DAILY ACTIVITY REPORT**

**SUBVENTION SECTION**

A "workload unit" represents a claim that has a reasonable chance of obtaining a monetary or medical (USDVA, DOD, State) benefit for a veteran, dependent(s), widow/widower or survivors. A "workload unit" is reflected on any form from the list of approved auditable forms on pages 15 through 20, inclusive. The form representing the "workload unit" **MUST** be initiated, completed and submitted by a County Veterans Service Office.

**NOTE:**      *An Informal Claim is **NOT** an Auditable workload unit for the purposes of Subvention or Medi-Cal Cost Avoidance.*

The DVS 19 is a DAILY activity report that reflects the date you perform the task of completing the auditable form. To be counted as a workload unit, the auditable form must be dated and submitted within 10 days of the date indicated on the DVS 19. Furthermore, you must maintain a copy of the form that you are claiming as a workload unit. ***A copy of the transmittal will not be accepted for documentation.***

You may use each DVS 19 for more than one day's activity, however you must enter the Date of Activity and the Name of Veteran for ALL reported workload units. You must indicate the form number (from the list of acceptable forms) in Column (1) followed by a checkmark or "x" to indicate the type of benefit claim.

***DO NOT enter anything other than the acceptable form number in column (1), on the DVS 19.***

Actions by a CVSO to obtain workload units, which are contrary to law, regulations or guidelines, are not in the best interest of the claimant, and/or have no reasonable basis, will NOT be allowed.

NO credit shall be taken for submitting a "duplicate" claim. (ie): the USDVA "lost" the original claim form(s) and the CVSO had to mail a copy of the original claim form(s) to the USDVA.

Multiple issues claim(s) is a single client activity with a value of one workload unit and are NOT to be considered multiple claims.

Any form filed that assumes a positive VA decision before the veteran earns entitlement may not be counted. For example when a 21-4138 is filed to reopen a claim for a veteran currently rated 20% and you seek an increase. The 21-4138 is a workload unit, but if you include a 21-686c, a 21-674, or any other form which contemplates USDVA approval of the initial document, they are not to be claimed as workload units.

**DAILY ACTIVITY REPORT: \_\_\_\_\_ COUNTY VETERANS SERVICE OFFICE**

[illegible]

## **AUDITABLE FORMS**

Forms accepted by the California Department of Veterans Affairs as "**workload units**" under the Subvention Program: Note: none of the following forms may be claimed as a workload unit unless the veteran has current eligibility/entitlement for the requested benefit.

FORM DISCRIPTION	AWARD TYPE Note; never split an award letter between multiple claim forms.
1. 10-10 Application for Medical Benefits (All) <u>Note: Only one 10-10 may be entered in column 1 of the DVS-19 as a workload unit per veteran within the same fiscal year. Do not take credit if you are providing transportation</u>	No Award
2. 10-583 Claim for Payment of Cost of Unauthorized Medical (Emergency) Service. <u>Note: Limit of one per medical emergency</u>	Lump Sum
3. 10-0103 Application for Home Improvement Structural Alteration (HISA) <u>Note: USDVA Medical Centers may generate other forms or letters for HISA that may or may not have a USDVA number. Please pay close attention to all subsequent forms and letters.</u>	Lump Sum
4. 10-1394 Application for Adaptive Equipment	Lump Sum
5. 20-5655 Financial Status Report <u>Note: When used as the actual claim for waiver/compromise, NOT when used as a supporting document.</u>	Lump Sum
6. 21-05xx Eligibility Verification Report (EVR) <u>Note: When used to maintain, or reinstate a suspended or terminated award.</u>	No Award when used to maintain pension benefits  Monthly & Retro when used to reinstate a suspended or terminated award.
7. 21-509 Dependency Claim by Parent(s)	Monthly & Retro
8. 21-526 series Veteran's Application for Compensation or Pension Note: accompanying support forms (686c/2680/etc) are not to be claimed as WLU.	Monthly & Retro
9. 21-527 series Income-Net Worth and Employment Statement in support of claim for total disability benefits (NSC)	Monthly & Retro
10. 21-530 Application for Burial / Plot Allowance <u>Note: Only one WLU allowed when claiming both burial allowance or plot allowance or transportation expense for a single veteran.</u>	Lump Sum (Total of all allowances paid)

FORM DISCRIPTION		AWARD TYPE Note; never split an award letter between multiple claim forms.
11.	21-534 Application for Dependency and Indemnity Compensation or Death Pension for Surviving Spouse or Child	Monthly & Retro Lump Sum on accrued or final month's pay.
12.	21-535 Application for Dependency and Indemnity Compensation by Parents	Monthly & Retro
13.	21-551 Application for Accrued Benefits	Lump Sum
14.	21-601 Application for Reimbursement From Accrued Amounts Due a Deceased Beneficiary	Lump Sum
15.	21-609 Application for Amounts Due Estates of Persons Entitled to Benefits	Lump Sum
16.	21-614 Application for Accrued Amounts of Veteran's Benefits Payable to Widow, Widower, Child or Dependent Parents	Lump Sum
17.	21-651 Election of Compensation or Pension in Lieu of Retired Pay or Waiver of Retired Pay to Secure Compensation or Pension from the USDVA	Monthly & Retro
18.	21-674 Request for Approval of School Attendance (only if veteran has currently obtained eligibility)	Monthly & Retro
19.	21-674b School Attendance Report	Monthly & Retro
20.	21-686c Declaration of dependent status (not with 526c, and only if the veteran is currently 30% or greater)	Monthly & Retro
21.	21-0304 Application for Spina Bifida Benefits	Monthly & Retro
22.	21-2680 Application for Aid and Attendance or Housebound Benefits	Monthly & Retro
23.	21-4103 Information From Remarried Widow(er)	Monthly & Retro
24.	21-4138 Statement in Support of Claim  <u>Note: When used to establish a new benefit (e.g. Special Monthly Pension), to re-open a claim (e.g. Increased Compensation), to continue an existing benefit, to file a Notice of Disagreement, or when used to file for prosthetic appliances.</u>  <u>When used as a claim for apportionment, veteran status and evidence that the veteran is in receipt of apportionable benefits</u>	Monthly & Retro or Lump Sum for one-time payments.

FORM DISCRIPTION		AWARD TYPE
		Note; never split an award letter between multiple claim forms.
<p><u>must be of record.</u></p> <p><u>Examples of when this is NOT a workload unit are:</u></p> <p><u>When used to provide developmental, supportive, or administrative information/material (birth date, change of address, SSN's, etc) and when in conjunction with a 526c;</u></p> <p><u>When used to trace a missing check;</u></p> <p><u>When used as a request for waiver of overpayment already claimed on a 20-5655.</u></p>		
25.	21-4183 Application for Dependency and Indemnity Compensation by Child	Monthly & Retro
26.	21-4502 Application for Automobile or Other Conveyance and Adaptive Equipment	Lump Sum
27.	21-4555 Veteran's Initial Application for Acquiring Specially Adaptive Housing	Lump Sum
28.	21-8416 Request for Information Concerning Medical or Legal Expenses <u>Note: Only when submitted as a reopened claim, not as a supporting document.</u>	Monthly & Retro or Lump Sum
29.	21-8416a Request for Information Concerning Unreimbursed Family Medical Expenses <u>Note: Only when submitted as a reopened claim, not as a supporting document.</u>	Monthly & Retro or Lump Sum
30.	21-8678 (and 10-8678) Application for Annual Clothing Allowance	Lump Sum
31.	21-8796 Statement of Termination of Martial Relationship	Monthly & Retro
32.	21-8924 Application for Benefits under the Provisions of Section 156, PL97-377	Monthly & Retro
33.	21-8940 Veteran's Application for Increased Compensation based on Unemployment or Unemployability	Monthly & Retro
34.	26-4555d Veteran's Application for Assistance in Acquiring Special Housing Adaptation	Lump Sum
35.	28-1900 Disabled Veterans Application for Vocational Rehabilitation (only after the veteran has been granted eligibility)	Lump Sum
36.	29-357 Claim for Disability Benefits/Waiver of premium	Lump Sum

FORM DISCRIPTION		AWARD TYPE Note; never split an award letter between multiple claim forms.
37.	29-0188 Application for Supplemental Service RH Life Insurance	No Award
38.	29-1546 Application for Cash Surrender Value	Lump Sum
39.	29-4125 Claim for One Sum Payment	Lump Sum
40.	29-4364 Application for National Service Life Insurance	No Award
41.	29-8283 Claim for Death Benefits (SGLI and VGLI)	Lump Sum
42.	Form 9 Appeal to Board of Veterans Appeal	Monthly & Retro or Lump Sum for one-time payments
43.	DD-149 Application for Correction of Military Records	No Award
44.	DD-293 Application for Review of Discharge	No Award
45.	40-1330 Application for VA Headstone	No Award
46.	SBP APPLICATION Any original application for SBP benefits	Monthly & Retro or Lump Sum if one-time payment
47.	VH-R10 Application for Admission to the Veterans Home of California.	No Award
48.	DVS-40 Application for Veteran's Dependent's Educational Assistance Program <i>Note: Take only one workload unit per student per academic year for this activity. Do not claim both a Denial and a Grant for the same student for the same academic year. If the fee waiver is approved subsequently you can only claim the award.</i>	Lump Sum
49.	SF 95 Tort Claim Application	Lump Sum

## **MEDI-CAL AUDITABLE FORMS**

Forms accepted by the California Department of Veterans Affairs as "**workload units**" under Medi-Cal Cost Avoidance:

FORM DISCRIPTION	AWARD TYPE
1. 21-05xx Eligibility Verification Report (EVR)  <u>Note: When used to maintain, or reinstate a suspended or terminated award.</u>	No award for maintenance of benefits  Monthly/Retro for reinstatement of terminated or suspended award
2. 21-509 Dependency Claim by Parent(s)	Monthly/Retro
3. 21-526 series Veteran's Application for Compensation or Pension	Monthly/Retro
4. 21-527 series - Income-Net Worth and Employment Statement in support of claim for total disability benefits (NSC)	Monthly/Retro
5. 21-534 Application for Dependency and Indemnity Compensation or Death Pension for Surviving Spouse or Child	Monthly/Retro
6. 21-535 Application for Dependency and Indemnity Compensation by Parents	Monthly/Retro
7. 21-651 Election of Compensation or Pension in Lieu of Retired Pay or Waiver of Retired Pay to Secure Compensation or Pension from the USDVA	Monthly/Retro
8. 21-0304 Application for Spina Bifida Benefits	Monthly/Retro
9. 21-2680 Application for Aid and Attendance or Housebound Benefits	Monthly/Retro
10. 21-4103 Information From Remarried Widow(er)	Monthly/Retro
11. 21-4138 Statement in Support of Claim  <u>Note: When used to establish a new benefit (e.g. Special Monthly Pension), to re-open a claim (e.g. Increased Compensation), to continue an existing benefit, or to file a Notice of Disagreement.</u>  <u>Examples of when this is NOT a workload unit under Medi-Cal Cost Avoidance are:</u>  <u>When used to provide developmental, supportive, or administrative information/material (birth date, change of address, SSNs, etc);</u>  <u>When used to request an apportionment (only under MCCAP);</u>  <u>When used to trace a missing check;</u>  <u>When used as a request for waiver of overpayment already claimed on a 20-5655.</u>	Monthly/Retro

<b>FORM DISCRIPTION</b>		<b>AWARD TYPE</b>
12.	21-4183 Application for Dependency and Indemnity Compensation by Child	Monthly/Retro
13.	21-8416 Request for Information Concerning Medical or Legal Expenses  <i><u>Note: Only when submitted as a reopened claim, not as a supporting document.</u></i>	Monthly/Retro
14.	21-8416a Request for Information Concerning Unreimbursed Family Medical Expenses  <i><u>Note: Only when submitted as a reopened claim, not as a supporting document.</u></i>	Monthly/Retro
15.	21-8796 Statement of Termination of Martial Relationship	Monthly/Retro
16.	21-8924 Application for Benefits under the Provisions of Section 156, PL97-377	Monthly/Retro
17.	21-8940 Veteran's Application for Increased Compensation based on Unemployment or Unemployability	Monthly/Retro
18.	29-357 Claim for Disability Benefits  <i><u>Note: When filing for Total Disability Income Provision (TDIP) and NOT for waiver of insurance premiums.</u></i>	Monthly/Retro
19.	Form 9 Appeal to Board of Veterans Appeal  <i><u>Note: When appealing the denial of any approved from listed under MCCAP.</u></i>	Monthly/Retro
20.	SBP APP Any original application for SBP benefits	Monthly/Retro

## MEDI-CAL COST AVOIDANCE SECTION

The main difference between Subvention and Medi-Cal (when reporting information on the Daily Report DVS-19) is the value of the workload unit. Under the Subvention program, the workload value of all activities is 1; and under the Medi-Cal Cost Avoidance program, the value of activities is 1, 5, or 10. You gain "O" points for receipt of a CW-5, "1" point for a Verification, "5" points for a Maintenance activity (EVR), and "10" points for a Claim open/reopen.

### Medi-Cal Cost Avoidance Documentation

For the purpose of identifying Medi-Cal workload units you must maintain a copy of the actual document that generated the workload units. *A copy of the transmittal **will not** be accepted for documentation.*

“To receive workload unit credit under the Medi-Cal Cost Avoidance Program **there must be a copy of a CW-5 dated within the previous 12 months.** It must identify an appropriate Medi-Cal “aid code” and be *kept in an accessible office* file. The referring Eligibility Worker must have generated this CW-5 (the CW-5 must not be generated by your staff).

**NOTE:** When listing activities under Medi-Cal, the following instructions are to be used:

**CW-5 Referrals-** This column is checked when a CW-5 relating to Medi-Cal activities has been received. It has **no** point value.

**Verification-** This column is checked when you have **received** and returned a Medi-Cal CW-5 to the Department of Social Services (DSS) that has been certified by you, through the U.S. Department of Veterans Affairs (USDVA) that the applicant is in receipt of, is not in receipt of, or is entitled to receive benefits. Telephone, **BDN** and FAX verifications are authorized.

The verified document must contain the date and the name or initials of the USDVA staff person who verified the information. The point value of this verification is "1", enter a "1" in column (2).

**Maintenance of Benefits-** Check this column if you complete and return an EVR form (21-05xx) in order to ensure the continuation of an award. A copy of the EVR **must** be maintained in the file. The point value for maintenance of benefits is "5"; enter a "5" in column (3).

**Claim Opened/Re-opened-** Check this column when a new or reopened claim has been filed with the USDVA. A copy of this form must be maintained in the file. The point value is "10", enter a "10" in column (4).

Column (5) - enter the total from columns (2), (3) and (4).

Column (6) - "Welfare Aid Code" from the allowable list must be documented.

**NOTE:** *NO welfare aid code, NO workload unit credit!*

**NOTE:** *Only one new or re-opened claim per Medi-Cal case.*

**The CVSO is responsible for establishing a control system to assure that:**

- 1. No more than 1 verification, per case, per fiscal year.**
- 2. No more than 1 claim opened/reopened per case, per fiscal year.**
- 3. No more than 1 claim for maintenance of benefits (EVR) per case, per fiscal year.**

**NOTE:** *It is permitted to take subvention workload unit credit in column 1 of the DVS 19 as well as the appropriate Medi-Cal Cost Avoidance points for a Medi-Cal CW-5 generated claim or activity. The CW-5 must indicate one of the approved eligible Welfare Aid Codes.*

# **AWARDS REGISTER**

## **DVS 20 (Subvention)**

### **DVS 20MC (Medi-Cal Cost Avoidance)**

The Awards Register's DVS 20 and DVS 20MC are used to record the monetary value of an award. In order to obtain a workload unit, or units on either of the awards registers, the county must have documentation in the file showing that: (1) they initiated, completed, and submitted the claim from which the award was generated, and (2) in order to be claimed as an award on the DVS 20 series, the activity/form that generated the award must be an allowable workload unit activity/form as claimed on the DVS 19.

For audit purposes CDVA requires that the awards be recorded as follows:

- (1)** All awards taken under the Subvention program are recorded on the DVS 20. (Do not post DVS 20 awards on the DVS 20MC)
- (2)** All awards taken under the Medi-Cal Cost Avoidance Program be recorded on the DVS 20MC. (Do not post Medi-Cal awards on the DVS 20.)
- (3)** Do not SPLIT an award letter between forms filed. One award letter equals one workload unit.

The following are examples of posting claim amounts:

#### **(1) POSTING OF ORIGINAL AWARDS**

An original claim was filed on 01-03-99, with a subsequent award letter dated 06-18-99 granting 10% disability (\$96.00) effective 02-01-99. The retroactive amount is calculated by taking the monthly amount of \$96.00 X (4) months (February through May 1999) = \$384.00. This figure is posted in the retroactive column.

#### **(2) POSTING A SUBSEQUENT REOPENED CLAIM AWARD**

A reopened claim is initiated on 07-26-99. The USDVA award letter is dated 12-10-99 and increases the veteran's disability rating from 10% (\$96.00) to 20% (\$184.00) effective 02-01-99. The retroactive amount is calculated by taking the difference between the old monthly rate (\$96.00) and new monthly rate (\$184.00), which is \$88.00. Multiply the difference (\$88.00) X ten (10) months (February through November 1999), which equals \$880.00. This figure (\$880.00) is posted in the retroactive column. **THE NEW MONTHLY AMOUNT OF \$184.00 CANNOT BE POSTED; *post only the differential of the two amounts.***

#### **(3) DO NOT POST AN AWARD IF THE CLAIM RESULTED IN A DENIAL.**

**(4) THE GRANT OF A NEW DISABILITY THAT DOES NOT CHANGE THE MONETARY VALUE MAY BE POSTED AS \$0. EXAMPLE – the veteran is currently rated at 80% and is awarded an additional 10%, the combined rating remains 80%.**

**(5) TEMPORARY INCREASES DUE TO PARAGRAPHS 29 AND 30, POST THE DIFFERENCE BETWEEN THE RUNNING AWARD AND THE TEMPORARY INCREASE.**

**NOTE: A copy of the award showing the amount and date recorded on the awards register MUST be in the file. If you cannot obtain a copy of the actual award, other forms of documentation are accepted as follows:**

- 1. A copy of the VA Data Screen verifying the award.**
- 2. A notation in the file verifying a call was made. The notation must show the date of the call, the name of the organization/*funeral/cemetery*, the award data and the person who provided the information.**

**“STALE” AWARD ADVISORY**

**Awards must be posted within 12 months of the award date.**

## SUBVENTION AWARDS REGISTER

COUNTY VETERANS SERVICE OFFICE \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

[illegible]

## MEDI-CAL COST AVOIDANCE AWARDS REGISTER

COUNTY VETERANS SERVICE OFFICE \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

Date of Award Letter	Part I - VETERAN/CLAIMANT DATA		Welfare Aid Code	PART II - AWARDS		
	Name Of Veteran	Name Of Claimant & Relationship (If Other Than Veteran)		Retroactive	Monthly	Prior Award Verified
	SSAN:	SSAN:				
	SSAN:	SSAN:				
	SSAN:	SSAN:				
	SSAN:	SSAN:				
	SSAN:	SSAN:				
	SSAN:	SSAN:				
	SSAN:	SSAN:				
	SSAN:	SSAN:				
	SSAN:	SSAN:				
	SSAN:	SSAN:				
	SSAN:	SSAN:				
		TOTAL NUMBER OF AWARDS				
(CVSO STAFF MEMBER)		TOTAL AMOUNT OF AWARDS		\$	\$	\$

## **PROPER REPORTING OF AWARD WORKLOAD UNITS**

Awards reported on the DVS 20 and DVS 20MC are counted as one workload unit, except under special circumstances, which will be explained in the following section. For all purposes, you cannot take a workload unit credit for the monthly rate and the retroactive portion of the award at the same time.

In order to reduce the chance of administrative errors on the DVS 20, please claim only one workload unit per line.

### **MULTIPLE AWARDS**

There are no instances when you are allowed to claim more than 1 (one) award, after completing a single workload activity on a DVS 19, and splitting a single award letter between multiple workload activities is not allowed.

### **INSURANCE AWARDS**

Workload unit credits for insurance awards are as follows:

- (1) If one application is filed for a single policy, one workload unit is allowed.
- (2) If more than one application is filed against a single policy, a workload unit is allowed for each granted application.
- (3) Workload units are not allowed for reportable interest and dividends.
- (4) To calculate the value of an award of "waived premium" because of total disability, multiply the monthly premium rate times 12. Post the result under "Lump Sum" on the DVS20.

### **VOCATIONAL REHABILITATION**

Vocational Rehabilitation awards will be posted under the Lump-Sum column of the DVS-20 by taking the monthly rate X 12.

## PRIOR AWARDS VERIFIED

The section on the DVS 20 and DVS 20MC, identified as "Prior Awards Verified", will be used to show that you have returned information to a "government" agency (such as welfare housing assistance, small business, etc) to verify the monetary rate of an existing award. You may claim a workload unit **ONLY** if: **(1)** The veteran/dependent is actually in receipt of USDVA monetary benefits, *or* **(2)** if the Veteran has been officially rated at 0% for a service connected disability (if this is the case, input 0% on the awards register). You may not count a verification of \$0.0, or any verification of any benefit that was not requested by an eligible agency.

**Do not claim the same prior award verified on both the DVS 20 and the DVS 20MC.**

## CONFIRMED AND CONTINUED (C & C) AWARDS

The county may take credit for a C&C award only if there is documentation in the file that shows they initiated the reopened claim, **and that a recent rating was made by the USDVA Rating Board that produced the C&C award.** If this is the case, input "C&C" on the awards register. Do not post any type of award for a denied claim; a denial letter does not constitute a C&C Award.

## COLLEGE FEE WAIVER AWARDS: (Effective July 1, 2011)

Indicate the **student's** name *once*, followed by one of the following values, as appropriate:

Community College	<b>\$ 1080</b>
State University	<b>\$ 6,018</b>
University of California	<b>\$ 11,124</b>

## MEDI-CAL AWARDS REGISTER DVS-20MC

When recording information on the DVS 20MC, take extra care to make sure it is correct. Pay particular attention to Part 1, which is verified by the Department of Health Services. The social security number of the Med-Cal recipient or applicant must be accurately recorded. If the applicant is a veteran, only his/her social security number is needed. If the applicant is the spouse or child, so indicate, and include their social security number as well.

**NOTE:** The "date of award letter" column must show the date of the award letter (not the effective date of the award or the date of the CVSO posting).

**NOTE:** For a Prior Award Verified, you enter the date of CVSO posting.

**NOTE:** You no longer are required to calculate "Share of Cost" changes.

## **PART III**

### **AUDIT PROTOCOL**

All counties shall provide copies of their DVS 16, DVS 19's, DVS 20's, DVS 20MC's and DVS 40 report to the Department no later than the semi-annual reporting dates of January 31 (for the July 1 to December 31 period) and July 30 (for the January 1 to June 30 period). Send legible *copies* (either hard or electronic) of the DVS 16, DVS 19's, DVS 20's, DVS 20MC's, and DVS 40 report to:

California Department of Veterans Affairs  
Veterans Services Division (attn: audits)  
1227 "O" Street, Room 105  
Sacramento, CA 95814

Fax: (916) 653-2563

[vetservices@cdva.ca.gov](mailto:vetservices@cdva.ca.gov)

In addition, if you are using an automated system please provide a copy of the DVS-19 sorted alphabetically.

The audit will consist of an enhanced count verification process and selected on-site records verification. These are described as follows:

#### **ENHANCED COUNT VERIFICATION**

The enhanced count verification will be conducted in two parts.

1. The auditor will count workload units on the DVS 19's, DVS 20's and DVS 20MC's for the six-month period. This count will be compared to the count you reported on your County's Semi-Annual Report for the same six months. If the auditor's count matches the reported count, no adjustments to your reported total will take place. If the auditor's count is different than the reported count, the difference will be applied to the reported total for the period under review.
2. The auditor will review the data on the DVS 19's, DVS 20's and DVS 20MC's for non-allowed workload units (non-auditable forms), multiple claims or forms when only single claims/forms are allowed, welfare aid codes, and other items that are not in compliance with the activity reporting guidelines and which have an impact on the reported workload units and/or allocation. The auditor will prepare a worksheet identifying all noted discrepancies and provide that worksheet to the impacted county. The county will be allowed to discuss the preliminary decisions with the auditor conducting the verification. After considering the county's input, the auditor will make a final determination and adjust the reported workload totals accordingly for the period under review.

## ON-SITE AUDIT

**When** an on-site audit is scheduled for your county, it will consist of a review of case records that match randomly selected workload units selected from the six months of data used in the count verification process.

**When** your county is selected for an on-site audit, it will be conducted in accordance with the following protocol:

### ON-SITE AUDIT PROTOCOL

A random sampling of the reported workload units for the selected semi-annual report will be made for your county. The sample size will be based on reported workload units as follows:

<u>Semi-Annual Reported Workload Units</u>	<u>Total Random Sample Size</u>
0 to 500	97
501 to 1000	108
1001 to 1500	112
1501 to 2000	114
2001 to 3000	116
3001 to 5000	118
5001 +	120

**Example:** Assuming a semi-annual reported workload of 2500, the audit will randomly sample 116 workload units. Assuming that 6 workload units out of the 116 sampled are disallowed, the following audit result occurs.

Since 6 out of 116 represents a 94.8276% allowed rate, then 94.8276% of your total annual **verified** workload units will be allowed. If your total annual verified count were 5000, then 4741 would be your final allowed workload unit count.

#### **The following procedures occur for each audit:**

- The Veterans Services Division staff at the Departmental Headquarters will generate random sample numbers. These are provided to the Auditor for both the Subvention and Medi-Cal programs.
- An audit worksheet indicating each county's verified semi-annual and total verified annual reported workload will be prepared.
- The random selected workload units are the only units that may be audited, allowed, or disallowed, unless there is evidence of potential fraudulent activity in which case the Deputy Secretary, Veterans Services Division, must be notified and his approval given before the sample size can be expanded.

**NOTE:** One workload unit equals one audit sample count for both the Subvention and Medi-Cal audits. For example, if a Medi-Cal claim is audited, only one workload unit is allowed or disallowed even though the listed value on the DVS-19 is 5.

- The total randomly selected sample of workload units must be audited. No substitutions can be allowed. Whenever the file is non-existent, the workload unit must be disallowed. All files should be made available to the auditor at the audit site by the county. In some instances the actual file may not be physically located at the audit site. For these instances, the following options apply:

(1) Contact the outstation by telephone and have the file pulled; and/or

(2) A field call to the outstation may be required for physical review of the file.

**NOTE:** Auditors will not ask CVSO staff for any specific data or ask any leading questions. The Auditor will simply listen to the description of the file and wait to hear the identification of the required documentation of the sample workload unit being audited.

- The Auditor has the authority to disallow claims when there is sufficient evidence in the file to show that the claim was fraudulent, improper, or invalid.
- The Auditor and the CVSO will mutually agree upon the date, time and location of the audit. ***It is the CVSO responsibility to inform their chain of command as appropriate.***
- The Auditor will complete an audit worksheet at the completion of the audit. This worksheet will clearly display all calculations, allowances / disallowances, auditor's notes regarding audit findings, the Auditor's signature, a space for CVSO comments, and the date of the audit.
- There will be an exit interview with the CVSO. The audit worksheet and all related audit findings will be discussed. The CVSO will be provided a copy of the worksheet at this interview.
- ***When necessary a written report of audit findings*** will be issued to the CVSO by the department. ***It is the responsibility of the CVSO to inform their chain of command as appropriate.***
- The written audit report will contain a description of the appropriate appeal procedure as defined in the California Code of Regulations, Title 12, Subchapter 4, and Section 455.